Application for the 2003 International Experience & Technical Assistance Program (IETA)

CDC, National Center for HIV, STD and TB Prevention, Prevention Support Office

IETA Applicants:

Please print out the application form to complete and obtain first and second-level supervisory signature(s) on page 3. Your application packet must include: completed application with essays and all requisite signatures, an up-to-date resume, and a full-year performance appraisal rating or COER rating (cover sheet only with rating official's signature.) Submit one original and two photocopies of your completed application packet to:

International Experience and Technical Assistance Program (IETA) CDC/NCHSTP/OD/PSO 1600 Clifton Road, MS E-07 Atlanta, GA 30333

Faxed or electronic applications will not be accepted. Incomplete application packages will not be reviewed. The deadline for application submission is by close of business, **Tuesday, October 15, 2002.** For more information or questions, please e-mail IETA@cdc.gov or call Cynthia Housworth at 404-639-3226.

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_ast Name	First Name	Work telephone number
Agency	Division, Branch, Section	Work e-mail address
Are you a Federal career of yes no (please provide of	or career conditional employee?	
What is your GS Level or	Commissioned Corps Grade? _	
☐ no Are you currently enrolled program?	I in an agency sponsored/endors	ed professional developmen
Do you have a valid gover yes no (please explain)		
What is your current job t	itle?	
	W ()	
Work address (include Ma	ilston)	
Work address (include Ma 	ilstop)	

Length of time with Federal Public Health Agency (years/months)					
Length	Length of time at present assignment (years/months)				
	on your knowledge, skills, and experience, rapst qualified. (1 being high and 3 being low.				
	Program Management/Administration	Epidemiological Study			
	Program Delivery/Implementation	Surveillance			
	Monitoring	Research			
	Evaluation	Laboratory			
	Informatics	Training			
	Other (specify)				
On a separate sheet of paper, provide brief answers to the following questions: (Maximum 2 pages in total.)					
1.	What are your current job duties?				
2.	Why are you interested in international health?				
3.	Describe any prior international experience in less-developed countries (LDCs).				
4.	What skills do you want to gain by participating in the IETA program?				
5.	. What skills and talents will you contribute to international public health? (Include foreign language abilities)				
6.	In what ways will your participation in the IETA program enhance your current position and contribute to your professional and personal growth?				
	I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith.				
Appli	icant Signature:				
Date:					

Supervisors' Support Form
I understand that my employee, if accepted into the International Experience and Technical Assistance (IETA) training program, will be asked to complete three 3-4 day workshops in Atlanta, and an international field assignment of at least 3 months. My signature below indicates that I have discussed this with appropriate state/local program official(s) and received concurrence. The employee has my permission to participate in this program.
First-level Supervisor Signature:
Supervisor's name:
Supervisor's title:
Address:
Phone:fax:
e-mail:
Second-level Supervisor Signature:
Supervisor's name:
Supervisor's title:
Address:
Phone:fax:
e-mail:
If there is a period of time when this employee will be unavailable for IETA workshops or international field assignments, please list dates:
The IETA program involves a supervised international work experience of 3-6 months. Is there a maximum period of time you are willing to support your employee's participation in this international assignment? If so, please indicate.